

Early Childhood Behavior Think Sheet

Name _____ Date _____

I was not Safe:



[circle one]

I kept someone from working:

Me



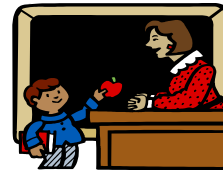
Me and a Friend



My class



My teacher

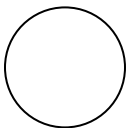


I feel:

Happy



Sad



I want to feel:



I will:

Teacher Signature

Child's Signature